March, 2000 California Department of Mental Health

Performance Outcome Update (POU)

Upcoming meetings:

Older Adult Performance Outcomes: Feb 29, 2000
10:00 AM – 2:00 PM, 1600 Ninth Street, Room 130
Sacramento, CA 95814
Children's Task Force: March 9, 2000
10:00 AM – 3:00 PM, Sacramento Host Airport Hotel, Trinity Room
QIC Subcommittee: : March 7, 2000
10:00 AM – 3:00 PM, 1416 Ninth Street, Room 804
Sacramento, CA 95814

Statewide Quality Improvement Committee (QIC) -Subcommittee on Performance Outcomes and Indicators formed

Up until about a year ago, a committee structure existed that facilitated the addressing of issues and forming policy recommendations regarding performance outcomes. This structure included the Performance Outcome Work Group (POTWG) and the Performance Outcome Advisory Group (POAG). The POTWG was comprised of county quality managers, evaluators, clinicians, consumers, researchers, representatives of the California Mental Health Planning Council (CMHPC), and representatives of Department of Mental Health (DMH). This committee was co-chaired by Beverly Abbott, Director of San Mateo County Mental Health, Ann Arneill-Py, Executive Officer of the CMHPC, and Jim Higgins, of DMH Research and Performance Outcome Development (RPOD). This working group met regularly to discuss ongoing technical issues relating to the design and implementation of the states performance outcome systems.

The POAG was a higher level group and was comprised of county mental health directors, consumers and/or their family members, representatives of the CMHPC and executive staff from the DMH. This group considered recommendations from the POTWG and made formal recommendations to the DMH. The intent of this process was to ensure that all levels of our systems had input into the design and implementation of performance outcome systems and to participate in the evaluation of public mental health.

The POTWG and POAG were dissolved in early 1999 because a newer committee was being created that would be broader in nature and that was supposed to help integrate many of the diverse projects that were ongoing into a single collaborative oversight process. The hallmark of this collaborative venture is the Statewide Quality Improvement Committee. It was envisioned that the QIC would establish a new working level committee to address issues relevant to performance outcomes.

As a result, the Subcommittee On Performance Outcomes And Indicators (SPOI) has been formed. The SPOI, like its predecessors, will work on issues relating to the development of performance outcome systems and the identification of effective performance indicators. This group also will work very hard to be inclusive of and effectively represent the needs and interests of all of California's public mental health constituencies. Results from SPOI meetings will be shared in the POU and on the RPOD website.

Update on Adult Performance Outcomes

The Adult Performance Outcome System (APOS) began implementation statewide in July 1999. Since that time most of the state has either completed or made significant progress toward full implementation of the system. Counties have been asked to report APOS data quarterly for the first year in order to facilitate the testing and development of their data systems and reporting procedures. After the one-year testing period, data will be reported every six months.

To date, DMH has received over 7,500 records from counties for the first quarter's data submission. RPOD staff have developed automated systems to handle this data in order to generate timely reports that counties can use to evaluate their performance and design system interventions to improve quality. Some of these reports have already been sent to counties. These reports allow a county to evaluate the aggregate scores on the various instruments as well as compare their client ratings of satisfaction and self-reported functioning to those reported both statewide and in the county's CMHDA region. In addition to these automated reports, DMH will soon begin working with counties to identify specific evaluation needs and seek to work as part of a collaborative effort to provide more meaningful analyses.

Note: The next quarter's APOS data should be submitted by January 15, 2000. For more information, contact Traci Fujita at (916) 653-3300 (tfujita@dmhhq.state.ca.us) or visit our website at www.dmh.cahwnet.gov.

Corrections and Revisions

In the last issue of the POU, RPOD staff reported that requirements for completing a Community Functioning Evaluation (CFE) were waived for those clients who complete the performance outcome instruments. This was originally viewed as a way of helping to reduce unnecessary paperwork since much of the information collected on the CFE is also collected in some way through the performance outcome tools.

As a result of the aforementioned article, we have received several questions about the CFE where people explained that it was their understanding that the CFE was no longer required by the State for any clients. We have checked on this and have found that, indeed, the policies have been changed. Although any particular county may require its staff to collect information such as a CFE, it is no longer required by the State.

Update on Older Adult Performance Outcomes

The first wave of data collection for the Older Adult Performance Outcome Pilot Project is nearly complete. The final phase of data collection will begin around March and will conclude by August. More information relating to the Older Adult Performance Outcome Pilot Project will be reported in future issues of the POU.

Update on Children's Performance Outcomes

As has been noted in earlier issues of the POU, a task force has been convened to review the Children and Youth Performance Outcome System. This task force includes clinicians, children's evaluators, children's program managers, quality managers, researchers, parents, and were possible, individuals who were treated in a county children's mental health program. As part of the effort to evaluate the current children's system, Sherrie Sala-Moore and Brenda Golladay from DMH conducted a statewide survey of constituencies of the Children's Performance Outcome System. Below are some highlights of the results obtained from the survey:

- Out of 695 valid responses, 2.7% claimed to be mental health directors, 11.8% were children's coordinators or program administrators, 6.5% were quality managers, 1.9% worked in Information Technology departments, 66.2% were children's clinicians, 1.2% were parents or representatives of consumer groups, and 9.8% were "other".
- When asked whether all, parts, or none of the system should be changed, 43.8% wanted the entire system replaced, 39.5% felt that at least part of the system should be replaced, and 16.7% recommended no changes.
- Children's clinicians, children's evaluators, and children's program coordinators were the groups who most wanted the entire system changed.
- Mental health directors and information technology staff were the people who most wanted the system to stay the same with no changes. It is important to note, however, that this assertion is based on the relatively small number of respondents to the survey from these groups.
- In terms of exactly what changes should be made to the system, the following recommendations were made:

✓ Change everything (44%)
✓ Change only the CBCL and YSR (12%)
✓ Change only the CAFAS (7%)
✓ Change only the CSQ-8 (9%)
✓ Change the CAFAS, CBCL and YSR but keep the CSQ-8 (5%)
✓ Change the CBCL, YSR and CSQ-8 but keep the CAFAS (6%)
✓ Don't change anything, the system works well (5%)
✓ Don't change anything, it would be too difficult (8%)
✓ Don't change anything, no reason given (4%)

- How did people feel about aspects of the system other than the instruments themselves?

✓ How much time it takes to complete the forms – 33.7% were very dissatisfied, 32% were somewhat dissatisfied, 11.6% were neutral, 15.5% were somewhat satisfied, 4.9% were very satisfied, and 2.3% had no opinion.
✓ How easy are the instruments to read and understand – 15.6% were very dissatisfied, 28.4% were somewhat dissatisfied, 17.4% were neutral, 26.9% were somewhat satisfied, 10.4% were very satisfied, and 1.3% had no opinion.
✓ How valuable is the data generated from the current instruments for treatment planning – 29.4% were very dissatisfied, 22.3% were somewhat dissatisfied, 14.5% were neutral, 22.3% were somewhat satisfied, 7.5% were very satisfied, and 4% had no opinion.
✓ How valuable is the data for quality management – 29.3% were very dissatisfied, 18.8% were somewhat dissatisfied, 25.3% were neutral, 14.3% were somewhat satisfied, 4% were very satisfied, and 8.3% had no opinion.
✓ How useful are the reports and profiles that result from the instruments – 30.3% were very dissatisfied, 25.5% were somewhat dissatisfied, 15.9% were neutral, 13.7% were somewhat satisfied, 5.5% were very satisfied, and 9% had no opinion.
✓ How easy are the instruments and their data integrated with Information Management Systems – 30.7% were very dissatisfied, 17.2% were somewhat dissatisfied, 20.3% were neutral, 6.6% were somewhat satisfied, 3.1% were very satisfied, and 22.2% had no opinion.
✓ In terms of cultural sensitivity or neutrality, how appropriate did people think the instruments were for various cultures – 14.4% were very dissatisfied, 20.4% were somewhat dissatisfied, 30.8% were neutral, 17.5% were somewhat satisfied, 8.7% were very satisfied, and 8.7% had no opinion.
✓ How satisfied were people with the extent to which the instruments focused on strengths and not just problems – 18.3% were very dissatisfied, 25.3% were somewhat dissatisfied, 23.9% were neutral, 19.2% were somewhat satisfied, 6.5% were very satisfied, and 6.8% had no opinion.
✓ How suitable are the instruments for our target population – 20.6% were very dissatisfied, 22.0% were somewhat dissatisfied, 18.5% were neutral, 25.0% were somewhat satisfied, 9.5% were very satisfied, and 4.4% had no opinion.
✓ How satisfied were people with the prospects of continuing to use the current system in the long term – 32.3% were very dissatisfied, 23.4% were somewhat dissatisfied, 20.2% were neutral, 13.5% were somewhat satisfied, 4.0% were very satisfied, and 6.7% had no opinion.

- In terms of priorities, we asked people what they felt were the most important criteria for evaluating the existing system and any potential alternatives. In order to their ratings of importance, the top five criteria that they would use to judge a system were:

1. The system must include data collected from multiple informants (not just the clinician).
2. Psychometric validity and reliability of the instruments.
3. The instruments must be short and easy to administer.
4. Low cost instruments (public domain preferred).
5. The data that are collected must be cost effective (value of the data per time and cost).

Note: The next scheduled transmission of Adult's Performance Outcome Data from counties is due January 15, 2000. It is recommended that counties begin using the DMH ITWS web server to upload data. While the electronic BBS will still work, DMH will eventually phase it out and rely solely on the ITWS.